| SITE: | |
|-------|----------|
| DATE: | MM-DD-YY |

Project DC-STEP | Eligibility Verification Form

Use this form to obtain information about women who agree to participate in Project DC-STEP. If any of this information cannot be found, please write "Don't Know" in the appropriate blank.

| | DC-STEP Study ID # | Clinic Medical Record Number | | ce/ nicity | | | Gestational Age (# weeks) | Singleton Pregnancy | Health Conditions* | ETS only | | Y / N |
|------|-----------------------|---------------------------------------|-----------|---------------|-----|-------------------------|------------------------------|------------------------|-----------------------|---------------------|--------------------------------------|-------------|
| Name | | | Black/A-A | Latina | Age | City/State of Residence | | | | Not Incarcerated | Initiated PNC prior to 28weeks | Verified? Y |
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* Codes for Health Conditions

- 1 = No conditions noted
- 2 = heart disease (NRT only)
- 3 = irregular heart beat (NRT only)
- 4 = high blood pressure (NRT only)
- 5 = diabetes (NRT only)
- 6 = liver condition (NRT only)
- 7 = kidney condition (NRT only)
- 8 = stomach ulcer (NRT only)
- 9 = asthma (NRT only)
- 10 = chronic pulmonary disease (NRT only)
- 11 = skin condition (NRT only)
- 12 = any psychiatric disorder (ETS only)
- 13 = Suicidal (both NRT and ETS)